This document was created by the Northwest Portland Area Indian Health Board under contract with the Washington State Department of Health Tobacco Prevention and Control Program (Spring 2005). It is part of a larger tribal resource (*Western Tobacco Prevention Program Resource Guidebook*)which can be found at www.westerntobacccoprevention.org. It is intended to encourage and guide collaboration between tribal tobacco prevention programs and programs within and outside tribal communities.

PARTNERSHIPS

A partnership exists when there is a relationship between two or more entities (programs) conducting business for a mutual benefit. There are many benefits to forming tribal partnerships. However, maintaining partnerships can be extremely challenging.

Tribal tobacco prevention programs frequently lack resources, funding, and personnel time dedicated to the tobacco project. There is often a struggle between implementing the programs or services and having enough resources to make the program worthwhile for the community. Through collaboration and teamwork, partnerships can be formed to help alleviate some of the challenges Tribal Tobacco Coordinators are faced with.

Partnerships can provide your tribe with many of the following benefits:

- Build supportive networks through relationships and trust
- Provide more solutions to a given problem
- Require fewer resources from your program
- Better understanding of each other's programs
- Enable increased learning to take place: person-to-person, program-to-program, and agency-to-agency
- Less funding required by each program/agency
- More personnel to assist in activity coordination
- More information provided to participants
- Overall increased tribal efficiency

Through partnerships and collaboration, more doors will be opened for your program. Better understanding can be developed and your program may show continuous growth. Partnerships have proven to be beneficial and should be used to their full potential.

PARTNERSHIPS

Possible types of partnerships:

State and Tribal- Your State has likely established a unique partnership with your tribe's tobacco program. Refer to the contract at the beginning of this resource guide for more information on the specific goals and activities that your program has agreed to fulfill.

Partnerships with External Organizations- These include any collaboration formed with a group outside the immediate tribal community. These include partnerships with non-government organizations such as NPAIHB, American Cancer Society, American Lung Association, and local school districts.

Inter-Tribal Partnerships- Tribes often work with other groups and health promotion programs at the tribal level, such as Head Start program, the clinic, or the diabetes program. Working together on mutually beneficial projects can reduce the cost of activities, and can send a more comprehensive tobacco prevention message to community members.

- Partnerships allow for a trusting, more open-minded atmosphere as you work with one another keeping your ultimate goal in mind.
- Partnerships require less funding and other resources from each program or agency.
- They allow for more information to be provided to the participants.
- Provide a better understanding of one another's program or agency.
- Enable increased learning to take place: person-to-person, program-to-program, and agency-to-agency.
- They provide more personnel to assist in the coordination and implementation of events and activities.
- Partnerships build supportive networks through relationships and trust.
- They provide more solutions to any given problem.
- Partnerships increase overall tribal efficiency.
- When beginning partnerships, first determine what programs currently exist that you could possibly partner with, who the contacts are for those programs, and what resources the programs may have.

Common barriers include:

- Lack of understanding
- Lack of communication
- Lack of trust
- Lack of experience/guidance
- Assumptions
- Own agenda
- Secrets/misleading/disingenuous

To assist in overcoming these barriers and sustaining a strong partnership, it is important that you are honest, flexible, and open-minded.

It is also helpful to communicate and collaborate on a continual basis, and focus your attention on the mutual goals of your partnership.

Resources

Building Effective Partnerships - The National Institute of Adult Continuing Education: www.niace.org.uk/information (2001)

Society of Information Technology Management – Private Public Partnerships http://www.bradfordunison.org.uk/docs/Socitm%20-%20Private%20Pub%20Partners.htm

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PARTNERING

January

- **National Birth Defects Prevention Month** → Congenital malformations implicated by exposure to cigarette smoke include heart defects, cleft palate, hernias, and abnormalities to the central nervous system.
- **National Eye Care Month** (National Eye Institute) and **National Glaucoma Awareness Week** (19-25th) → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and nuclear cataract. The evidence is suggestive but not sufficient to infer a causal relationship between smoking and atrophic age-related macular degeneration.
- **Cervical Cancer Month** (Cancer Information Service) → According to the Surgeon General, there is sufficient evidence to infer a causal relationship between smoking and cervical cancer.
- **Healthy Weight Week -** January 18-24

February

- **American Heart Month** (American Heart Association) → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and coronary heart disease.
- **National Children's Dental Health Month** → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and periodontitis, and is suggestive but not sufficient to infer a causal relationship between smoking and root-surface caries.
- **National Girls and Women in Sport Day -** In the first week of February - The popularity of youth sports in the United States continues to explode. That is why sports activities are great ways to reach our nation's young people with information about how to make important health decisions related to tobacco use, physical activity, and good nutrition.
- **National Child Passenger Safety Awareness Week** (9-15th) – Secondhand Smoke exposure among child passengers.

March

- **National Nutrition Month** (American Dietetic Association)
- **American Diabetes Alert** (American Diabetes Association) → The combined cardiovascular risks of smoking and diabetes are as high as 14 times those of either smoking or diabetes alone. Smoking increases a diabetic's likelihood of getting kidney damage by 50%, and raises a person's blood sugar level making it harder to control their insulin levels.
- **National Kidney Month** (800-622-9010) → According to the Surgeon General, there is sufficient evidence to infer a causal relationship between smoking and renal cell, renal pelvis, and bladder cancers.
- **Cataract Awareness Month**, **Save Your Vision Week** (2-8th) (314-991-4100) and **Workplace Eye Health and Safety Month** (800-331-2020) → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and nuclear cataract. The evidence is suggestive but not sufficient to infer a causal relationship between smoking and atrophic age-related macular degeneration.
- **National Collegiate Health and Wellness Week** (303-871-2020)
- **Children & Healthcare Week** (16-22nd)
- **National PTA Alcohol & Other Drug Awareness Week** (12-18th)

April

- **Kick Butts Day**: The Campaign for Tobacco Free Kids' annual celebration of youth leadership and activism – April 13th 2005
- **National Public Health Week** (8-13th) (www.apha.org)
- **National Alcohol Awareness Month** (212-206-6770)
- **Women's Eye Health and Safety Month** (408-624-3058) → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and nuclear cataract. The evidence is suggestive but not sufficient to infer a causal relationship between smoking and atrophic age-related macular degeneration.
- **Cancer Control Month** and **National Minority Cancer Awareness Week** (13-19th)→ According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and lung cancer, Laryngeal Cancer, Oral Cavity and Pharyngeal Cancers, Esophageal Cancer, Pancreatic Cancer, Bladder and Kidney Cancers, Cervical Cancer, Stomach Cancer, Colorectal Cancer, Acute Leukemia, and Liver Cancer.
- **Earth Day** (22nd) → Pick up cigarette butts
- **National YMCA Healthy Kids Day** (10th)
- **National Youth Sports Safety Month**
- World Health Day (7th)

May

- **World No Tobacco Day** (May 31st)
- **World Asthma Day, Asthma & Allergy Awareness Month**, and **Breathe Easy Month** → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between active smoking and asthma-related symptoms (i.e., wheezing) in childhood and adolescence, all major respiratory symptoms among adults, including coughing, phlegm, wheezing, and dyspnea, and poor asthma control.
- **Mother's Day**
- **National High Blood Pressure Month** (301-251-1222) Smoking is the "most important of the known modifiable risk factors for heart disease in the U.S."
- **National Physical Fitness and Sports Month** (202-690-9000)
- **Older Americans Month** (202-401-1451) and **National Senior Health & Fitness Day** (28th)
- **Stroke Awareness Month** (800-STROKES) → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and stroke.
- **National Running and Fitness Week** (11-17th) (301-913-9517)
- **National Employee Health and Fitness Day** (21st) (317-237-5630) → The evidence is sufficient to infer a causal relationship between smoking and diminished health status that may manifest as increased absenteeism from work and increased use of medical care services.
- **National Senior Health and Fitness Day** (800-828-8225)
- **National Alcohol & Other Drug-Related Birth Defects Week** (11-17th) → Congenital malformations implicated by maternal exposure to cigarette smoke during pregnancy include heart defects, cleft palate, hernias, and abnormalities to the central nervous system.
- **National Digestive Diseases Awareness Month -** The evidence is sufficient to infer a causal relationship between smoking and peptic ulcer disease in persons who are *Helicobacter pylori* positive
- **National Osteoporosis Prevention Week** (11-17th) → According to the Surgeon General, there is sufficient evidence to infer a causal relationship between smoking and hip fractures, and among postmenopausal women, a causal relationship between smoking and low bone density. In older men, the evidence is suggestive but not sufficient to infer a causal relationship between smoking and low bone density.
- **National SAFE KIDS Week** (3-10th)
- **National Sight-Saving Month** → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and nuclear cataract. The evidence is suggestive but not sufficient to infer a causal relationship between smoking and atrophic age-related macular degeneration.

June

- **Stand For Children Day** (1st)
- **Cancer Survivorship Awareness Month**
- **Father's Day**
- **National Men's Health Week** (610-967-8620)
- **National Safety Month** → Cigarette's as a cause of fires?

August

- **Clean Air Month** → Prevent and educate community about exposure to Secondhand smoke.
- **World Breastfeeding Week** → Chemicals in cigarettes enter breast milk and can cause a decrease in the supply of breast milk, a decrease in the amount of Vitamin C found in breast milk, and colic, vomiting, diarrhea, and increased heart rate for the child. Instead of being relaxed, babies are stimulated by the nicotine and may become fussy and cranky.
- **Foot Health Month** (703-856-8811) → Tobacco and Diabetes

September

- **Women's Health Month**
- **National Cholesterol Education Month**
- **Healthy Aging Month** (203-834-9888) and **Grandparent's Day** (September 10th) – Encourage wellness among elders.
- **Family Health and Fitness Day** (800-828-8225)
- **Baby Safety Month –** Infant exposure to Secondhand smoke → Toxins in cigarette smoke depress the immune system resulting in twice as many colds, sore throats, middle ear infections, asthma attacks, bronchitis, allergies, and flu. And children exposed to ETS have more hospitalizations during first year of life.
- **Back to School/Child Passenger Safety Weekend** – Secondhand Smoke exposure among child passengers.

October

- **Healthy Choice American Heart Walk** (www.americanheart.org)
- **National Dental Hygiene Month** (312-479-8608) → According to the Surgeon General, the evidence is sufficient to infer a causal relationship between smoking and periodontitis, and is suggestive but not sufficient to infer a causal relationship between smoking and root-surface caries.

- **National Family Health Month** (www.aafp.org)
- **Talk About Prescriptions Month** (202-347-6711) → Nicotine Replacement Therapies?
- **National Health Education Week** (19-25th) (www.nche.org)
- **Child Health Day** and **Child Health Month –** Protect children from exposure to secondhand smoke
- **Healthy Lung Month** → The evidence is sufficient to infer a causal relationship between smoking and lung cancer and both acute and chronic respiratory diseases.
- **National Campaign for Healthier Babies Month**
- **National Fire Prevention Week** (5-11th)
- **National Liver Awareness Month**
- **National Youth Health Awareness Day** (22nd)
- **Sudden Infant Death Syndrome Awareness Month** → Nearly 70% of women who have lost a baby to SIDS smoked during pregnancy. The risk of SIDS is over 4 times higher if the infant stays in the same room as the smoker, and over 12 times higher if the mother smokes more than a pack per day.

November

- **Child Safety & Protection Month –** Protect children from exposure to secondhand smoke
- **Great American Smokeout** (20th)
- **National Diabetes Month** (www.diabetes.org)
- **Diabetic Eye Disease Month** (www.preventblindness.org)
- **National Family Week** (www.fsanet.org)

December

- **Colorectal Cancer Education and Awareness Month** - According to the Surgeon General, the evidence is suggestive but not sufficient to infer a causal relationship between smoking and colorectal adenomatous polyps and colorectal cancer.
- **National Stress-Free Family Holidays Month**

RESEARCH TO SUPPORT PARTENRING WITH OTHER HEALTH PROGRAMS

Diminished Health Status

- The evidence is sufficient to infer a causal relationship between smoking and diminished health status that may manifest as increased absenteeism from work and increased use of medical care services.
- The evidence is sufficient to infer a causal relationship between smoking and increased risks for adverse surgical outcomes related to wound healing and respiratory complications.

Cardiovascular Diseases

Smoking and Subclinical Atherosclerosis

- The evidence is sufficient to infer a causal relationship between smoking and subclinical atherosclerosis.

Smoking and Coronary Heart Disease

- The evidence is sufficient to infer a causal relationship between smoking and coronary heart disease.

Smoking and Cerebrovascular Disease

- The evidence is sufficient to infer a causal relationship between smoking and stroke.

Smoking and Abdominal Aortic Aneurysm

- The evidence is sufficient to infer a causal relationship between smoking and abdominal aortic aneurysm.

Cancer

Lung Cancer

- The evidence is sufficient to infer a causal relationship between smoking and lung cancer.
- Smoking causes genetic changes in cells of the lung that ultimately lead to the development of lung cancer.

- Adenocarcinoma has now become the most common type of lung cancer in smokers. The basis for this shift is unclear but may reflect changes in the carcinogens in cigarette smoke.

Laryngeal Cancer

- The evidence is sufficient to infer a causal relationship between smoking and cancer of the larynx.
- Together, smoking and alcohol cause most cases of laryngeal cancer in the United States.

Oral Cavity and Pharyngeal Cancers

- The evidence is sufficient to infer a causal relationship between smoking and cancers of the oral cavity and pharynx.

Esophageal Cancer

- The evidence is sufficient to infer a causal relationship between smoking and cancers of the esophagus.
- The evidence is sufficient to infer a causal relationship between smoking and both squamous cell carcinoma and adenocarcinoma of the esophagus.

Pancreatic Cancer

- The evidence is sufficient to infer a causal relationship between smoking and pancreatic cancer.

Bladder and Kidney Cancers

- The evidence is sufficient to infer a causal relationship between smoking and renal cell, renal pelvis, and bladder cancers.

Cervical Cancer

- The evidence is sufficient to infer a causal relationship between smoking and cervical cancer.

Ovarian Cancer

- The evidence is inadequate to infer the presence or absence of a causal relationship between smoking and ovarian cancer.

Endometrial Cancer

- The evidence is sufficient to infer that current smoking reduces the risk of endometrial cancer in postmenopausal women.

Stomach Cancer

- The evidence is sufficient to infer a causal relationship between smoking and gastric cancers.

Colorectal Cancer

- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and colorectal adenomatous polyps and colorectal cancer.

Prostate Cancer

- The evidence for mortality, although not consistent across all studies, suggests a higher mortality rate from prostate cancer in smokers than in nonsmokers.

Acute Leukemia

- The evidence is sufficient to infer a causal relationship between smoking and acute myeloid leukemia.
- The risk for acute myeloid leukemia increases with the number of cigarettes smoked and with duration of smoking.

Liver Cancer

- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and liver cancer.

Respiratory Diseases

Acute Respiratory Illnesses

- The evidence is sufficient to infer a causal relationship between smoking and acute respiratory illnesses, including pneumonia, in persons without underlying smoking-related chronic obstructive lung disease.
- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and acute respiratory infections among persons with preexisting chronic obstructive pulmonary disease.

Chronic Respiratory Diseases

- The evidence is sufficient to infer a causal relationship between maternal smoking during pregnancy and a reduction of lung function in infants.
- The evidence is suggestive but not sufficient to infer a causal relationship between maternal smoking during pregnancy and an increase in the frequency of lower respiratory tract illnesses during infancy and early adulthood.
- The evidence is suggestive but not sufficient to infer a causal relationship between maternal smoking during pregnancy and an increased risk for impaired lung function in childhood and adulthood.
- The evidence is sufficient to infer a causal relationship between active smoking and impaired lung growth during childhood and adolescence.
- The evidence is sufficient to infer a causal relationship between active smoking and the early onset of lung function decline during late adolescence and early adulthood.

- The evidence is sufficient to infer a causal relationship between active smoking in adulthood and a premature onset of and an accelerated age-related decline in lung function.
- The evidence is sufficient to infer a causal relationship between active smoking and respiratory symptoms in children and adolescents, including coughing, phlegm, wheezing, and dyspnea.
- The evidence is sufficient to infer a causal relationship between active smoking and asthma-related symptoms (i.e., wheezing) in childhood and adolescence.
- The evidence is suggestive but not sufficient to infer a causal relationship between active smoking and a poorer prognosis for children and adolescents with asthma.
- The evidence is sufficient to infer a causal relationship between active smoking and all major respiratory symptoms among adults, including coughing, phlegm, wheezing, and dyspnea.
- The evidence is suggestive but not sufficient to infer a causal relationship between active smoking and increased nonspecific bronchial hyper responsiveness.
- The evidence is sufficient to infer a causal relationship between active smoking and poor asthma control.
- The evidence is sufficient to infer a causal relationship between active smoking and chronic obstructive pulmonary disease morbidity and mortality.

Reproductive Effects

Fertility

- The evidence is inadequate to infer the presence or absence of a causal relationship between active smoking and sperm quality.
- The evidence is sufficient to infer a causal relationship between smoking and reduced fertility in women.

Pregnancy and Pregnancy Outcomes

- The evidence is suggestive but not sufficient to infer a causal relationship between maternal active smoking and ectopic pregnancy.
- The evidence is suggestive but not sufficient to infer a causal relationship between maternal active smoking and spontaneous abortion.
- The evidence is sufficient to infer a causal relationship between maternal active smoking and premature rupture of the membranes, placenta previa, and placental abruption.
- The evidence is sufficient to infer a causal relationship between maternal active smoking and a reduced risk for preeclampsia.
- The evidence is sufficient to infer a causal relationship between maternal active smoking and preterm delivery and shortened gestation.
- The evidence is sufficient to infer a causal relationship between maternal active smoking and fetal growth restriction and low birth weight.

Congenital Malformations, Infant Mortality, and Child Physical and Cognitive Development

- The evidence is suggestive but not sufficient to infer a causal relationship between maternal smoking and oral clefts.
- The evidence is sufficient to infer a causal relationship between sudden infant death syndrome and maternal smoking during and after pregnancy.

Erectile Dysfunction

- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and erectile dysfunction.

Dental Diseases

- The evidence is sufficient to infer a causal relationship between smoking and periodontitis.
- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and root-surface caries.

Loss of Bone Mass and the Risk of Fractures

- In postmenopausal women, the evidence is sufficient to infer a causal relationship between smoking and low bone density.
- In older men, the evidence is suggestive but not sufficient to infer a causal relationship between smoking and low bone density.
- The evidence is sufficient to infer a causal relationship between smoking and hip fractures.

Eye Diseases

- The evidence is sufficient to infer a causal relationship between smoking and nuclear cataract.
- The evidence is suggestive but not sufficient to infer a causal relationship between current and past smoking, especially heavy smoking, with risk of exudative (neovascular) age-related macular degeneration.
- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and atrophic age-related macular degeneration.
- The evidence is suggestive but not sufficient to infer a causal relationship between ophthalmopathy associated with Graves' disease and smoking.

Peptic Ulcer Disease

- The evidence is sufficient to infer a causal relationship between smoking and peptic ulcer disease in persons who are *Helicobacter pylori* positive.
- The evidence is suggestive but not sufficient to infer a causal relationship between smoking and risk of peptic ulcer complications, although this effect might be restricted to nonusers of nonsteroidal anti-inflammatory drugs.

CASE STUDY: TRIBES AND EXTERNAL AGENCIES

Abstract:

Since 2000, the 29 federally recognized tribes of Washington State have contracted for tobacco prevention funds through the state Department of Health (DOH). This funding has allowed tribes to develop or enhance internal capacity to conduct culturally appropriate, tribe-specific tobacco prevention and control activities. Fulfilling the state's obligation to recognize tribal sovereignty, this collaborative relationship has been promoted as a model for states working with tribes, and has provided the foundation needed to establish effective tobacco control partnerships between tribes and external agencies.

The Historical Relationship between Tribal and Non-tribal Tobacco Prevention Programs in Washington State:

Since July 2000, the Washington State Department of Health's Tobacco Prevention and Control Program (TPC) has made funding available to all federally recognized tribes of Washington State (currently 29 tribes) through non-competitive contracts. In accordance with culturally appropriate protocol and the provisions of the 1989 Centennial Accord[1], the DOH discussed all aspects of the proposed contract with the American Indian Health Commission (an organization that represents the health policy interests of Washington's tribes) and with the Northwest Portland Area Indian Health Board (a health service organization directed by the 43 tribes of Washington, Idaho and Oregon) before implementing this contracting process.

Upon receipt of State funds from the Master Settlement Agreement (MSA), Washington Secretary of Health Mary Selecky convened a Tobacco Prevention and Control Council to create a strategic tobacco plan for the state. During the development of this plan funds were earmarked to support tribal tobacco prevention efforts. During the first two state fiscal years (SFY), $408,000 was available for use by Washington tribes. Based on the experience of Oregon's state tobacco program and upon the request of the American Indian Health Commission, funds were distributed to tribes using a 30:70 formula. According to this funding scheme, 30% of the total amount was divided evenly among all tribes and 70% was distributed based on the tribe's population size (calculated using "Active User Population" numbers generated by the IHS). Under this formula, contract levels ranged from $6,000, for small tribes (later raised to $8,000), to $58,000 for larger tribes. Twenty-three of the then 28 tribes across Washington State chose to contract with

[1] The Accord that acknowledges the government-to-government relationship between Washington State and Tribes, requiring tribal consultation on all matters of mutual concern

DOH. This enabled many to initiate and develop internal capacity for tribe-specific, culturally appropriate tobacco prevention and education.

In November 2002, the citizens of Washington State voted to increase the state tax on tobacco products. This allowed the DOH to increase each tribe's funding level by 25% in SFY 2003, raising the minimum funding level for small tribes to $12,000. Since 2003, 26 tribes have contracted annually with the DOH. A total of $558,000 is currently distributed annually, with contracts ranging from $12,000 to $72,500 per tribe. In 2004, there was strong support within DOH tobacco program and among all its county and school-based contractors to increase the minimum level of tribal funding in SFY 2006 to around $25,000, totaling nearly $774,000 for the 27 tribes under contract.

Funded wholly or in part by the Washington State Department of Health, tribal tobacco programs have successfully established clinic-based cessation programs, youth advocacy and education groups, community-based media campaigns, tobacco-free community events, and have aided in passing a variety of tribal tobacco-related policies. Each program's priorities have been established in relation to self-identified community needs, and activities have been designed with a first-hand knowledge of culturally effective and appropriate practices. As a result, current smoking rates among American Indian and Alaska Native adults in Washington State have slowly decreased in the past five years.

In the past, few partnerships successfully emerged between tribal tobacco programs and external tobacco control agencies in Washington. Prior to state funding, this division was largely due to a lack of capacity within Washington tribes to engage in such partnerships. Without tribal personnel dedicated to tobacco prevention and education, external agencies did not know whom to contact within their local tribe(s) to explore ways they might work together. While Tribes expressed knowledge about external programs after state funding was established, tribal leaders and program managers were often hesitant to pursue relationships with outside agencies, citing distrust, conflicting agendas or a history of unsuccessful relationships with non-tribal entities. Community-based and governmental agencies were historically slow to form partnerships with tribes due to their unfamiliarity with the systems, culture, norms, history, and limitations unique to tribal communities. Moreover, unstable partnerships were further perpetuated by fluctuating acknowledgement of and respect for tribal sovereignty by state and county health departments.

Barriers to Positive Working Relationships:

Upon reflection, tribal tobacco coordinators and external agencies identified a number of conditions that impeded the development of positive working relationships.

Prior to funding, many tribes did not have tobacco prevention and education programs with the capacity to form working relationships with external programs. As these programs were created, time and again, tribes felt like they were approached by external

agencies seeking to meet their own funding mandates to address health disparities without truly hearing or acknowledging the tribe's goals, priorities, or needs. Meetings often unfolded with an externally designed plan for what the tribe "could" or "ought" to be doing. When external agencies came to the table with a pre-determined agenda, interactions with tribal members felt paternalistic and dismissive of the priorities and culturally appropriate activities already in place within the tribe. These interactions lead to unsuccessful attempts to build external relationships, and fostered and reinforced tremendous distrust between the tribes and external groups.

For state and county governments and other external agencies, unfamiliarity with the tribe's priorities, customs, limitations and protocols added to the complexity of building such partnerships. A lack of knowledge about tribal sovereignty, and the relationship between tribal health and tribal economics, often led to tensions about the need for tobacco-related policies governing casinos and smoke shops. Likewise, procedures, staffing, and timelines that were successfully used to engage other communities were not effective when working with tribes, and heightened frustration and disinterest in future partner building.

For both groups, positive interactions were hindered by differing or conflicting expectations about what the partnership should look like, what the relationship would entail, and conflicting expectations from supervising program managers and administrations. The time and energy needed to foster this unique relationship also served as a barrier, as many tribes and agencies were already strapped for staff time and the resources needed to actively engage in face-to-face relationship building.

Bridging Differences and Sustaining Partnerships:

Trust and Communication - Above all, the first step needed to bridge tribal and organizational differences is to establish and sustain open and honest communication. Trust can only be built on the foundation of frequent communication, through meetings, phone calls, emails, presentations, activities, and events. Trust is absolutely necessary for relationships to evolve into working partnerships. Relationships with both the tribe's staff and the tribe as a whole must be built, requiring multiple face-to-face interactions.

Tribal tobacco coordinators often manage or oversee multiple projects or health services. Thus, external agencies must be mindful of their limited time and travel budgets. Whenever possible, face-to-face meetings should be held at the tribe or another location chosen by the tribal coordinator. Once a personal relationship has been established, phone calls and emails will be better received and understood.

Acknowledge Differences - Because all matters affecting the welfare of the tribe are within the jurisdiction of the tribe's governing body, permission to engage in partnering activities may require additional time. Similarly, time may be needed to educate decision makers about new project goals or activities. Partnering activities must also be mindful of

traditional cultural events and activities, including powwows, feasts, celebrations, and mourning periods will affect timelines. Timelines that work effectively for non-tribal partnerships may not be effective in Indian Country. Be flexible and willing to modify customary processes.

Public health agencies are increasingly required to implement only *best practice* activities (practices that have been evaluated and proven effective). Given that there has been little evaluation of tribal practices, tension can occur between partners when external agencies require that only best practices be used. Partnerships need to be flexible and willing to implement *evidence-based* practices, which rely on quantitative and qualitative information to determine efficacy in tribal communities.

Sensitivity must also be shown for the tribe's traditional relationship with sacred tobacco, and for the role of tobacco sales within the tribe's current economy. For many tribes throughout North America, the use of traditional tobacco plants for spiritual, ceremonial, and medicinal purposes goes back thousands of years. Many traditional stories emphasize the sacred properties of the plant, containing both the power to heal if used properly and the power to cause harm if used improperly. Mainstream media messages that portray tobacco as "bad" will be found culturally offensive. Likewise, efforts to alter tribal tobacco sales will be seen as an affront to sovereignty unless approached by supporters from within the tribal community.

Embrace Similarities – The ultimate goal of tribal tobacco prevention and education partnership is to improve the health and well being of American Indian and Alaska Native communities. It is important to focus initial conversations on this mutual goal, and to highlight the strengths and resources that each party can bring to the partnership. Establishing shared, overarching goals and objectives before discussing individual activities will enable the partnership to work most effectively.

External agencies/organizations who want to develop effective partnerships with tribes must value and continually seek tribal opinion and input throughout the "agenda-setting" process. There must be opportunities for ideas and suggestions to be shared, heard, and considered by all participating parties, and for members to educate one another about each organization's unique worldview. Each partner brings valued skills and knowledge to the collaboration, which should be reinforced throughout the process. These steps will ensure tribal boundaries are acknowledged and respected, and will demonstrate to the tribal members that the partnership is truly about the well being of the community.

Thriving Examples:

The positive working relationship between Washington's tribes and the Washington State DOH was shaped with the state's respect for tribal sovereignty and consultation in mind, a willingness to provide non-competitive funding to all interested tribes adapt mainstream materials and approaches for unique tribal circumstances, and to allow tribes to

implement culturally appropriate activities that frequently deviate from the science-based norm. This funding provided tribes with the capacity needed to establish effective tobacco control partnerships with external agencies, and has been promoted as a model for states working with tribes.

In Eastern Washington, the Yakama Nation and the American Cancer Society joined forces to develop and implement a native youth SpeakOut curriculum. Based on a shared desire to build capacity among youth as effective community advocates, the partnership has trained nearly 20 Yakama youth on topics regarding tribal tobacco use. This successful project has empowered teens to "speak out" to local newspaper and television stations, and has opened the door for additional program partnerships.

In the Coastal region, collaborations have developed between the Tulalip Tribes and the Snohomish County Health District. The county health district applied for and received a $75,000 "enhancement grant" from the state tobacco program to help the tribe build capacity for tobacco prevention and control. Though the partnership was initially challenged by many of the barriers discussed above, each party's commitment to a successful partnership led to greater inter-cultural understanding and mutually beneficial outcomes. This partnership eventually became well received by both the Tribe and the County health district, and has been recognized as an effective model by the Washington State Department of Health, the Northwest Portland Area Indian Health Board, and the Center for Disease Control and Prevention.

In Northwestern Washington, the Nooksack Tribe and the Nooksack Valley School District have partnered to provide tobacco education classes to tribal and non-tribal eighth grade students. Through this collaborative effort, six, one and one half hour interactive presentations were developed and are now being taught to students each school year. The partnership successfully educates students about both the health risks associated with tobacco use and the traditional role of tobacco within the tribe, serving the needs and goals of both organizations.

Additionally, the Western Tobacco Prevention Project (WTPP), a support center within the Northwest Portland Area Indian Health Board, collaborates with both the Washington State DOH and Washington's Tribes to provide culturally appropriate technical assistance, training, advocacy, guidance and program support. The WTPP works with tribes to develop and disseminate culturally appropriate tobacco education information, cessation guides and material resources, and actively seeks to support and improve state, county, and tribal partnerships. As a result of the strong partnership that has developed between the State DOH and the WTPP, the Western Tobacco Prevention Project was awarded a contract with the Washington State DOH in 2003 and 2004 to serve as a tobacco liaison to the tribes. Through this contract, the WTPP provides guidance and support to DOH, and ongoing training and assistance to Washington's tribes. Through this partnership, the WTPP has been able to conduct a comprehensive community assessment of all the Washington tribes, has written a workbook to assist tribes in

changing tribal tobacco policies, and has developed culturally appropriate social marketing materials for Washington's tribes.

These are just a few of the many successful partnerships that now exist between Washington's tribal tobacco programs, and State and County health departments, local and national tobacco control agencies, and external tribal health organizations.

The Benefits of Partnerships Between Tribal Nations and Non-Tribal Agencies/Organizations

Strong and effective partnerships can help meet the needs and goals of both entities. For states or counties, tribal partnerships can help agencies address governmental or organizational mandates to eliminate health disparities. For tribes, these partnerships provide access to additional resources, expertise, and manpower to protect or improve the health of the community. Though different, by listening to the needs and protocols that guide decision making for each group, such partnerships can stretch limited budgets, lend additional personnel to needed tasks, bring new perspectives and program ideas to the forefront, provide opportunities for additional program partnerships, and, most importantly, improve community health.

This Case Study was written by the Western Tobacco Prevention Project, a project of the Northwest Portland Area Indian Health Board. Information contained in this document was obtained during interviews with tribal tobacco program coordinators in Washington State, and through key informant responses to a structured questionnaire. To ensure that the Case Study accurately reflects the views and experiences of those portrayed within, the document was distributed to all parties for their approval prior to distribution.

INTERNAL PARTNERSHIPS WITHIN TRIBAL PROGRAMS

A partnership exists when there is a relationship between two or more entities (programs) conducting business for a mutual benefit. There are many benefits to forming tribal partnerships. However, it is sometimes challenging to begin or maintain a partnership for many different reasons. The information provided will hopefully guide your program in the appropriate direction as you consider beginning a new partnership.

Benefits of Partnering with Tribal Programs:

Tribal partnerships can provide each program involved with several benefits depending on the activity they partner in. For example, if two programs partner in an event the programs could benefit by the following:

- Increased community member outreach
- Less funding required by each program
- More personnel to assist with activity
- More information provided to participants
- Provide a better understanding of one another's program.
- Enable increased learning to take place: person-to-person, program-to-program.
- Build supportive networks through relationships and trust.
- Provide more solutions to a given problem.
- Less overall resources needed from each program
- Increase overall tribal efficiency.

These benefits enable program partnerships to increase their overall tribal efficiency. Kathy Charles of the Lummi Tribe explains in detail, the *"greatest challenge is all programs have very limited staffing and resources. We need to work together to jointly share our resources for prevention activities."*

Through increased communication and cooperation tribal programs can grow closer. Partnerships enable increased learning to take place from person-to-person, and program-to-program, while building supportive networks through relationships and trust[1].

How to Begin a Tribal Partnership:

When forming Partnerships within your tribe, it is important to first determine:

- What programs currently exist?
- Who are the contacts for these programs?

- What resources do these programs have?

For example, your tribe may have one or more of these programs that you could look into partnering with:

Abuse
Alcohol
Alzheimer's/ Dementia
Cancer
Chemical Dependency
Dental
Diabetes
Education
Environmental Services
Family Services
Health (General)
HIV/STD/AIDS
Housing
Human Services
Mental Health
Nutrition
Legal Services
Police
Recreation
Reproduction
SIDS
Substance Abuse
Tribal Council
Tribal Head Start
Vision
WIC
Women's Health
Youth Advocacy/Prevention

A good place to find out if your tribe offers any of these programs are through your tribe's website or tribal directory. These are also good resources for discovering who your program contacts are. Once this information is determined, ideally the next step is to speak to the program contact/coordinator(s). This person would generally be the most knowledgeable about the resources available to them. After these tasks are completed, it is imperative to find out what the program contact/coordinator needs or wants for their program. As Angela Mendez from the Shoshone-Bannock Tribe states, *"You really have to consider what your partner needs and what works best."* In order for your program to look appealing, it is important to offer the other program what they want. For example, your program might recognize that the Tribal Head Start program needs more supplies for the children. To begin building this relationship, you might purchase pencils, crayons, and markers with commercial tobacco free messages for the program. This minor sign of good faith can help build the partnership that you are looking for. The Head Start program in the example above may realize your genuine interest in their program and in return for the supplies you donated may invite your program to give a presentation on the danger of second hand smoke during an event most parents are expected to attend. The end result would be a partnership that builds awareness about the tobacco program in your respective community.

Follow the FIND OUT steps as you look toward forming a partnership.

FIND OUT:

F Find out if they are interested

I Inquire whether or not they have had any partnering experience (they may be a good resource for you to get more information)

N Negotiate how you would like to begin a partnership

D Decide if that program would fit well with your program

O Outline upcoming events or activities that you could partner in

U Utilize each other's resources when planning for events

T Teamwork will be your key to success.

Barriers or Problems that May Occur with Tribal Partnerships

Beginning and/or maintaining a partnership is not always easy. You may be faced with barriers and problems that you will have to overcome. For example, the program you wish to partner with may have its own agenda, or its own need that may compromise your agenda. The partnership should not be disregarded because of minor discrepancies or conflicts of interest. However, it is essential to understand that larger issues may very well impede the partnership, and it is important to distinguish the difference between the two.

Another problem you may experience is a lack of understanding and/or a lack of communication from the program you wish to partner with. One example of this type of problem is explained by Deborah Parker-George from the Tulalip Tribe who explains, *"Once forged, we realized our partnership ideas, goals, beliefs and foundations were not fully appreciated, recognized or understood."* Furthermore, *"The partnership did not begin in a positive manner. Preconceptions and disagreements tended to plague the partnership from the beginning."*

It is also possible that you may encounter the problem of resistance from other programs. A reason for this could be a misunderstanding. A misunderstanding can lead to many other problems that may eventually destroy a good partnership. Lack of trust is one of these problems. It is essential to develop a strong trusting relationship with the programs that you are developing a partnership with. Do not make assumptions (about what the other program needs or wants). It is important to get the facts about their program to determine whether the partnership should move forward. Clarifying your intentions and

allowing them to discuss their intentions is helpful and should be done early in the relationship. Become as honest and open as you would expect them to be with you.

As your program may be overwhelmed and busy, it is not uncommon that the program you would like to partner with is undergoing the same obstacles. It is important to continue your effort and demonstrate that the partnership is not meant to create more work. A good way to get some time with a busy program contact would be to schedule a lunchtime appointment, and provide a nice lunch while you are discussing the details of the potential partnership. This will enable your potential partner to feel not so rushed, and he/she may become more open to your ideas. Joyce Oberly who works for the Confederated Tribes of Warm Springs explains that, *"With medical (staff), you have to work around their schedules. Physicians are always busy and have little spare time to help with programs. This goes for pharmacists as well."*

Another frequent barrier that you may encounter when forming your partnership is a lack of experience and/or guidance[2]. Partnerships must start somewhere, and it is not unlikely for someone to have little or no experience with partnering. It may be necessary for you to explain previous partnering relationships that you've had that have benefited both programs in the partnership. It will likely take patience, understanding and some guidance to help the new partnership grow. Negotiation skills may very well be imperfect and imbalanced. To begin your partnering relationship, it is not unlikely that your program may have to show more support to the program with which you desire to partner. After this relationship has been forged, and trust is gained, support <u>should</u> begin to be distributed more equally.

Many new partnerships find difficulty in direction and may become stumped easily. It is essential to work together and gain more experience about the program you are working with to determine similar values or objectives your programs share. By finding commonalities and sharing experiences about ideas for potential or ongoing partnerships, your goals and objectives for the partnership may become clearer.

A key problem, specifically in tobacco prevention is constantly having to defend the purpose of your program. Unfortunately, tobacco prevention is not always seen as a significant issue. Joyce Oberly explains that one of her obstacles in gaining the support of other tribal programs was *"trying to relate tobacco to other health issues and justify its importance. Also, to keep people interested in learning about tobacco"*. This seems to be a common theme in trying to develop partnerships from tobacco prevention programs in tribal settings. Diane Pebeahsy from the Yakama Indian Nation expresses her concern of "*having the tribe see that this program is to benefit and to help the Native People"*. She states, *"There are so many issues that are on the table with the tribe, they haven't seen tobacco prevention as an essential part of the community so far. If I had funding cut, I know this program would not become a Tribal program because the tribe doesn't see it as important yet."* This may be an ongoing problem for tobacco prevention. Continuing our efforts in promoting wellness and providing education on the harmful

effects of commercial tobacco is important in overcoming this problem. Diane Pebeahsy further explains that *"bringing awareness about tobacco by showing justice on how it is related to a person's everyday life" is one way to show the importance of tobacco prevention."* It is critical to find out what a person is attached to or may see as important in their life, and then find a way to link whatever that may be to tobacco related issues.

Another way to justify the importance of tobacco awareness is to show that tobacco is much more than just smoking. Tobacco represents part of a culture that at one time was kept sacred. The tobacco plant traditionally would not be exploited through commercial use. The sacredness of tobacco represents a culture that can be brought back to the old traditions and values. The issue of prevention should be seen not only as tobacco use, but bringing back to a culture what could have been lost.

Sustaining Tribal Partnerships:

Trust and communication are the most important qualities to sustain a partnership. Trust is often the foundation of a productive relationship between two or more programs. Continuous communication is vital to a successful partnership. It is important that the program partners have continuous collaboration and meet regularly to ensure that everyone is on the same page. As Joyce Oberly explains, *"Through continuous collaboration… It's important to keep everyone in the loop, even if nothing is really going on. It helps foster relationship and keeps your progress moving in the right direction if everyone's on the same page."* Diane Pebeahsy states that tobacco prevention programs need to have *"communication to show that the program is stable and that it is meant to improve the Indian Nation."*

While maintaining your partnership and relationship, it is essential to remain flexible and adjust to your partner's schedule. Sue Hynes who works for the Lower Elwha Klallam Tribe advises, *"It is important that you remain flexible with the other programs. You also need good problem solving skills to find that there are more solutions than just one."*

It is essential to realize that both parties will have important strengths, and just as important, both parties will have weaknesses. Embrace the similarities that your programs have. Focus your attention on the mutual goals of your programs (such as the overall wellness for your tribal community). Highlight what strengths each program has (such as resources or knowledge) and build your goals and objectives around these strengths.

Acknowledge your differences. Every program will have specific goals that may very well be different than yours. But be flexible, understanding, and do not be pushy. It is important to listen to other people's ideas. Be open-minded and allow for any outcome to be possible.

Examples of Partnerships Within Tribal Programs:

Tulalip Tribes

- Baby shirt that reads, "If you can read this, Turn me over" on the back (SIDS program), and "Please don't smoke around me" on the front (Tobacco Program). Shirts are given to all new babies born at the Tribe.

Confederated Tribes of Warm Springs

- Partnership with the Community Wellness Program. Tobacco program assists with fitness activities, and in return Tobacco program is able to give tobacco education at sports camps.
- Pharmacy provides referrals to cessation classes; in return Tobacco program provides referrals to pharmacy for NRT's.
- Specific activities that have taken place because of the partnering programs: cessation class referrals, pharmacy referrals, Great Warm Springs Smoke Out, Monthly Walk for Diabetes, Asthma Awareness Month activities, Women of Wellness monthly forum, and the I.H.S. Pedometer Challenge

Lower Elwha Klallam

- Partnering with Tribal Council to form a "Smoke Free" resolution.
- Partnership with Recreation and Elders Program to do a Tobacco Free Annual Softball Tournament. (Recreation provides field and helps coordinate event, Elders Program provides a meal).

Lummi

- Partner with the Diabetes program and offer smoking cessation classes for Diabetes patients who smoke.
- Work with local schools to do youth empowerment & leadership trainings.
- Assist the Maternal Child Health by offering training courses on tobacco related issues to their staff such as nurses, WIC coordinators, and outreach workers.

Yakama Indian Nation

- Worked with air quality and asthma program to present information on second hand smoke at 5 different schools and in return supplied them with prizes for their poster contest.
- Worked with ICWA to council foster kids and foster parent on tobacco and second hand smoke.
- Partnered with Workforce Development to do a presentation on Second Hand Smoke in the workplace. Purchased pencils and pens for event.

Conclusion:

Inter-Tribal Partnerships work with other groups and health promotion programs at the tribal level, such as Head Start program, the Health Clinic, or the diabetes program. Working together on mutually beneficial projects can reduce the cost of activities, and can send more comprehensive tobacco prevention message to community members.

PARTNERSHIPS

- Allow for a trusting, more open-minded atmosphere as you work with one another keeping your ultimate goal in mind.
- Require less funding and other resources from each program.
- Allow for more information to be provided to the participants.
- Provide a better understanding of one another's program.
- Enable increased learning to take place: person-to-person, program-to-program.
- Provide more personnel to assist in the coordination and implementation of events and activities.
- Build supportive networks through relationships and trust.
- Provide more solutions to a given problem.
- Increase overall tribal efficiency.

When beginning partnerships, first determine:

- What programs currently exist?
- Who are the contacts for those programs?
- What resources do those programs may have?
- F I N D O U T

Common barriers include:

- Lack of understanding
- Lack of communication
- Lack of Trust
- Lack of experience/guidance
- Assumptions
- Personal program agenda
- Secrets/Misleading/Disingenuous

To assist in overcoming these barriers and sustaining a strong partnership, it is important to be:

- Honest
- Flexible
- Open-minded.

It is also helpful to communicate and collaborate on a continual basis, and focus your attention on the mutual goals of your partnership.

Resources:

1. Building Effective Partnerships - The National Institute of Adult Continuing Education: www.niace.org.uk/information (2001)

2. Society of Information Technology Management – Private Public Partnerships: http://www.bradfordunison.org.uk/docs/Socitm%20-%20Private%20Pub%20Partners.htm (Accessed June 27, 2005)

3. Deborah Parker - Education Coordinator for theTulalip Tribe *(Tulalip)*

4. Diane Pebeahsy- Tobacco Prevention Coordinator for the Yakama Indian Nation *(Yakama & Comanche)*

5. Joyce Oberly - MPH Public Health Educator for the Confederated Tribes of *(Comanche)* Warm Springs

6. Kathy Charles – Public Health Educator for the Lummi Tribe *(Lummi & Omaha)*

7. Sue Hynes – Community Health Director for the Lower Elwha Klallam Tribe

8. Angela Mendez – Tribal Health Director for the Shoshone-Bannock Tribe *(Shoshone-Bannock)*

USING PARTNERSHIPS TO SUPPORT PREVENTION

Approximate Length:

1.5 Hours

Intended Audience:

Tribal Coordinators and Heath Professionals

Summary:
This 26-slide presentation provides a comprehensive guide to forming and maintaining partnerships for the purpose of prevention. It gives example of both State and Tribal Partnerships as well as Tribal Partnerships with External Agencies. This presentation includes challenges that may arise, and requirements for continuing a partnership. This presentation has been created for the purpose of training Tribal coordinators and other health professionals in the area of partnerships.

- **Elements of a Positive Relationship**
  Comprehensive vision, commitment, and Resolution
- **Commitments and Inclusion**
  Face-to-Face Interaction and Honesty
- **Overcoming Challenges**
  Pre-Determined Agendas, and Lack of Familiarity & Knowledge.
- **Learning From the Past**
  Trust, Communication, Acknowledge Differences, Embrace Similarities
- **Programs and Activities**
  Awareness Activities, Program Activities, Local Policy & Regulation
- **State and Tribal Partnerships (Oregon, Washington, & Idaho)**
- **Tribal Model**
  Integration of Tobacco Education Programs into Existing Tribal Health and Family Services.
- **Tribal Partnerships with External Organizations**
- **State & Tribal Partnerships with NPAIHB**
  Collaborations
- **Inter-Tribal Partnerships**
  Collaborations
- **Partnering Activities**
  Partnership Exercise

Establishing Effective Tobacco Control Partnerships Within Tribal Programs

Approximate Length:

45 Minutes

Intended Audience:

Tribal Coordinators and Health Professionals

Summary:

This 13-slide presentation gives a quick overview on beginning a partnership with a program of the same tribe. It discusses the many benefits of this as well as the possible barriers that may be faced. This presentation further provides examples of existing partnerships that various tribes have formed.

- **Benefits of partnering with tribal programs**
  More Resources, More Information, Increased Learning, Increase Overall Efficiency
- **How to begin a tribal partnership**
  Existing Programs, Contacts, & Resources
- **Barriers or problems that may occur with tribal Partnerships**
  Lack of Understanding, Communication, Trust, & Experience
- **Sustaining tribal partnerships**
  Honesty, Trust, Communication, Flexibility, & Open-Mindedness
- **Examples of partnerships within tribal programs**
  Lower Elwha Klallam, Confederated Tribes of Warm Springs, Yakama Indian Nation, & Tulalip Tribe